

COUNTY RESIDENCE

12-01-90

Plan for Temporary Absence from Home

Name of Payee \_\_\_\_\_  
Account #/Case \_\_\_\_\_ #Name of child \_\_\_\_\_  
Name and Address of School \_\_\_\_\_

Home Situation: (Brief Description)

Plan for Child's return to payee's home:

Course of Study:

Accept for \_\_\_\_\_ academic year.

Major Subject(s) \_\_\_\_\_  
\_\_\_\_\_

Number of Hours/Courses enrolled in \_\_\_\_\_

Fees and Financial Aid:

<u>Fee</u>	<u>Cost</u>	<u>Financial Aid</u>	<u>Amount</u>
(1) Tuition	\$ _____	(1) National Direct Loan	\$ _____
(2) Room	\$ _____	(2) Work-Study Program	\$ _____
(3) Board	\$ _____	(3) Social Security Benefits	\$ _____
(4) Books	\$ _____	(4) Veterans Benefits	\$ _____
(5) Laundry	\$ _____	(5) BEOG	\$ _____
(6) _____	\$ _____	(6) Other	\$ _____
(7) _____	\$ _____	Total	\$ _____
Total	\$ _____		

\_\_\_\_\_  
Income Maintenance Caseworker

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